

Revision: HCFA-PH-85-14 (BERG)
SEPTEMBER 1985

ATTACHMENT 4.18-A
Page 1
OMB NO.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: West Virginia

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Service	Type of charge		Amount and basis for determination
	Product.	Colum. Copy.	
Prescribed Drugs			State's Payment Maximum Co-Pay
		X	Under \$10.00 \$.50
			\$10.01 to \$25.00 \$1.00
			\$25.01 and above \$2.00

IN No. 95-21
Supersedes
IN No. 90-87 88-05

Approval Date OCT 16 1995

Effective Date NOV 01 1995
HCFA ID: 0053070061E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: West Virginia

B. The method used to collect cost sharing charges for categorically needy individuals:

☒ Providers are responsible for collecting the cost sharing charges from individuals.

☐ The agency reimburses providers the full Medicaid rate for a services and collects the cost sharing charges from individuals.

C. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

No provider participating under this State Plan may deny care or services to an individual eligible for such care and services under the Plan because of such individual's inability to pay co-payment charges. This requirement does not extinguish the liability of the recipient receiving the services for payment of the co-payment charge to the provider.

Providers will, based on information available to them, make a determination of the recipient's ability to pay the co-payment. In the absence of knowledge or indications to the contrary, providers may accept the recipient's assertion that he/she is unable to pay the required co-payment.

Reimbursement to the provider will be the allowable cost minus the co-payment amount.

TN No. 85-5

Supersedes

TN No. — 81-2

Approval Date

5/1/87

Effective Date

10/1/85

HCFA ID: 0053C/0061E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: West Virginia

D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below:

Providers are informed through Medicaid Program Instructions and/or Regulations of the following co-payment exclusions:

- Prescriptions for recipients of emergency services
- Prescriptions for pregnant women
- Prescriptions for family planning services and supplies
- Prescriptions for inpatients in long term care facilities/hospitals
- Prescriptions for recipients under 18 years of age
- Prescriptions originating with the EPSDT program.

No co-payment is collected by or deducted from the reimbursement to the provider when these conditions are met.

E. Cumulative maximums on charges:

☒ State policy does not provide for cumulative maximums.

☐ Cumulative maximums have been established as described below:

TN No. 85-5
Supersedes

TN No. -812

Approval Date 10/1/85
Date

Effective

10/1/85

HCFA ID: 0053C/00618